



## 1 in 2 believe prayer trumps doctor's prognosis

20 percent of docs also say God can reverse terminal prognosis, study finds

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CHICAGO - When it comes to saving lives, God trumps doctors for many Americans.

An eye-opening survey reveals widespread belief that divine intervention can revive dying patients. And, researchers said, doctors "need to be prepared to deal with families who are waiting for a miracle."

More than half of randomly surveyed adults — 57 percent — said God's intervention could save a family member even if physicians declared treatment would be futile. And nearly three-quarters said patients have a right to demand such treatment.

When asked to imagine their own relatives being gravely ill or injured, nearly 20 percent of doctors and other medical workers said God could reverse a hopeless outcome.

"Sensitivity to this belief will promote development of a trusting relationship" with patients and their families, according to researchers. That trust, they said, is needed to help doctors explain objective, overwhelming scientific evidence showing that continued treatment would be worthless.

Pat Loder, a Milford, Mich., woman whose two young children were killed in a 1991 car crash, said she clung to a belief that God would intervene when things looked hopeless.

"When you're a parent and you're standing over the body of your child who you think is dying ... you have to have that" belief, Loder said.

While doctors should be prepared to deal with those beliefs, they also shouldn't "sugarcoat" the truth about a patient's condition, Loder said.

Being honest in a sensitive way helps family members make excruciating decisions about whether to let dying patients linger, or allow doctors to turn off life-prolonging equipment so that organs can be donated, Loder said.

Loder was driving when a speeding motorcycle slammed into the family's car. Both children were rushed unconscious to hospitals, and Loder says she believes doctors did everything they could. They were not able to revive her 5-year-old son; soon after her 8-year-old daughter was declared brain dead.

She said her beliefs about divine intervention have changed.

"I have become more of a realist," she said. "I know that none of us are immune from anything."

Loder was not involved in the survey, which appears in Monday's Archives of Surgery.

It involved 1,000 U.S. adults randomly selected to answer questions by telephone about their views on end-of-life medical care. They were surveyed in 2005, along with 774 doctors, nurses and other medical workers who responded to mailed questions.

Survey questions mostly dealt with untimely deaths from trauma such as accidents and violence. These deaths are often particularly tough on relatives because they are more unexpected than deaths from lingering illnesses such as cancer, and the patients tend to be younger.

### Helping families come to terms

Dr. Lenworth Jacobs, a University of Connecticut surgery professor and trauma chief at Hartford Hospital, was

the lead author.

He said trauma treatment advances have allowed patients who previously would have died at the scene to survive longer. That shift means hospital trauma specialists "are much more heavily engaged in the death process," he said.

Jacobs said he frequently meets people who think God will save their dying loved one and who want medical procedures to continue.

"You can't say, 'That's nonsense.' You have to respect that" and try to show them X-rays, CAT scans and other medical evidence indicating death is imminent, he said.

Relatives need to know that "it's not that you don't want a miracle to happen, it's just that is not going to happen today with this patient," he said.

Families occasionally persist and hospitals have gone to court seeking to stop medical treatment doctors believe is futile, but such cases are quite rare.

Dr. Michael Sise, trauma medical director at Scripps Mercy Hospital in San Diego, called the study "a great contribution" to one of the most intense issues doctors face.

Sise, a Catholic doctor working in a Catholic hospital, said miracles don't happen when medical evidence shows death is near.

"That's just not a realistic situation," he said.

### **Looking for a miracle**

Sise recalled a teenager severely injured in a gang beating who died soon afterward at his hospital.

The mother "absolutely did not want to withdraw" medical equipment despite the severity of her child's brain injuries, which ensured she would never wake up, Sise said. "The mom was playing religious tapes in the room, and obviously was very focused on looking for a miracle."

Claudia McCormick, a nurse and trauma program director at Duke University Hospital, said she also has never seen that kind of miracle. But her niece's recovery after being hit by a boat while inner-tubing earlier this year came close.

The boat backed into her and its propeller "caught her in the side of the head. She had no pulse when they pulled her out of the water," McCormick said.

Doctors at the hospital where she was airlifted said "it really doesn't look good." And while it never reached the point where withdrawing lifesaving equipment was discussed, McCormick recalled one of her doctors saying later: "God has plans for this child. I never thought she'd be here."

Like many hospitals, Duke uses a team approach to help relatives deal with dying trauma victims, enlisting social workers, grief counselors and chaplains to work with doctors and nurses.

If the family still says, "We just can't shut that machine off, then, you know what, we can't shut that machine off," McCormick said.

"Sometimes," she said, "you might have a family that's having a hard time and it might take another day, and that's OK."

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